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<b>O! TRANSMITTAL FORM</b> NOV 28 2005 <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/722,019
		Filing Date	November 24, 2003
		First Named Inventor	Jeffrey C. Felt
		Art Unit	3732
		Examiner Name	Eduardo C. Robert
Total TRADEMARK Pages in This Submission	7	Attorney Docket Number	32355.12.1.3.2

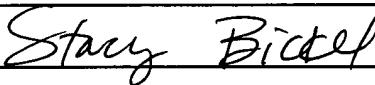
ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	Statement Under 37 CFR 3.73(b); Check for \$130 for disclaimer fee; and Return receipt postcard		
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>The Commissioner is hereby authorized to charge payment of any additional fees under or credit any overpayment to Deposit Account No. 06-1910.</td> </tr> </table>			Remarks	The Commissioner is hereby authorized to charge payment of any additional fees under or credit any overpayment to Deposit Account No. 06-1910.
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The Commissioner is hereby authorized to charge payment of any additional fees under or credit any overpayment to Deposit Account No. 06-1910.				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Customer No. 022859, Fredrikson & Byron, P.A.		
Signature			
Printed name	Matthew J.S. Graham		
Date	Nov. 23, 2005	Reg. No.	54,647

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Signature			
Typed or printed name	Stacy Bickel	Date	11/23/2005

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